

(IPSS), Overactive Bladder Symptom Score (OABSS), O'leary-Sant Interstitial Cystitis Symptom Index (ICSI) and Problem Index (ICPI). Treatment efficacy was assessed by comparing the pre- and post-treatment mean scores of the five questionnaires using paired t test.

Results: The mean age of the patients was 22.4. The mean duration of ketamine abuse was 57 ± 20 months. After intravesical HA therapy for 4 weeks, statistically significant mean decreases in VAS (from 7 to 4.4, $p = 0.03$), IPSS voiding subscore (from 16.2 to 11.6, $p = 0.017$) and ICSI (from 16.4 to 13.6; $p = 0.016$) questionnaire scores were seen. However, only ICSI constantly reduced after 4 weeks of treatment.

Conclusion: Intravesical HA therapy may have sort-term benefit for improving bladder pain and voiding symptoms in patients with KC. Intravesical instillation of HA on a monthly basis may not be as effective as on a weekly basis.

NDP107:

COMPARISON OF ALGORITHMS IN THE LATEST CLINICAL PRACTICE GUIDELINES FOR FEMALE INCONTINENCE BETWEEN TAIWAN UROLOGICAL ASSOCIATION AND OTHERS

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Purpose: This study is to compare the clinical practice guidelines (CPGs) in managing female incontinence between Taiwan and others in the world. We focused on the algorithms and non-surgical management for female incontinence.

Materials and Methods: The printed and online materials in medical guidelines or consensus for female incontinence by Taiwan Urological Association (TUA) and others were reviewed. Several statements were compared including published date, revision history, patient selection, diagnostic methods, and especially the non-surgical management.

Results: In addition to the CPG by TUA, the American College of Physicians (ACP) and reviews from British Medical Journal (BMJ) were collected. The first and latest edition of CPG for female lower urinary tract symptoms (LUTS) by TUA was published in August 2014. The CPG by ACP and reviews from BMJ were published in September 2014. For stress incontinence but not urgent incontinence, pelvic-floor muscle training was recommended as first-line treatment in ACP, but not clearly recommended by TUA. Reducing body mass index below 25 was suggested by BMJ. Reduction of more than 5 percent of weight was suggested in obese diabetic women by TUA. Caring for constipation is mentioned for life modification by ACP and BMJ but no by TUA. At least four weeks of pharmacological treatment was mentioned in BMJ, but not clearly mentioned in ACP and TUA.

Conclusion: In this timely evaluation, variation exists between TUA and others in the CPGs for female incontinence. Several points are suggested to be revised in Taiwanese CPG by TUA. It is warranted to confirm these findings by further investigation.

Pediatrics

NDP108:

ADHD SYMPTOMS AND DAYTIME VOIDING SYMPTOMS IN CHILDREN WITH PRIMARY ENURESIS: AN OBSERVATIONAL STUDY TO EVALUATE THE EFFECTIVENESS OF DESMOPRESSIN TREATMENT

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Purpose: To evaluate the effectiveness of presence of desmopressin in treating primary enuresis (PE) for children with attention deficit-hyperactivity disorder (ADHD) symptoms.

Materials and Methods: Children aged from 5 to 12 years with the chief complain of PE treated with desmopressin were enrolled in pediatric urology clinics. The parent-reported SNAP-IV questionnaire was used to evaluate ADHD symptoms (cutoff value: 90th percentile). Voiding

symptoms were assessed by the Dysfunctional Voiding Scoring System (DVSS) questionnaire. The responses to desmopressin were analyzed.

Results: The study sample comprised 68 children; 27 (39.7%) presented with ADHD symptoms and 41 (60.3%) with non-ADHD symptoms. The total DVSS score in the ADHD symptoms group was significantly higher than in the non-ADHD symptoms group (7.72 vs. 5.65, $p = 0.05$). In the ADHD symptoms group, there were significantly higher score in the "Pee 1-2 times/day", "can't wait" subscale of DVSS and lower sleep quality based on the Pediatric Sleep Quality Questionnaire, as well as significantly lower peak flow rate and voided volume. The responses to desmopressin for enuresis were comparable between children with ADHD and non-ADHD symptoms.

Conclusion: Approximately 39.7% of PE children presented with ADHD symptoms at urologic clinics. PE children with ADHD symptoms had higher risk of daytime LUTS and comparable response to desmopressin treatment for PE. To evaluate ADHD symptoms and daytime voiding symptoms is important in children with PE.

NDP109:

CLINICAL ANALYSIS OF PEDIATRIC UROLOGICAL CONSULTATION IN THE EMERGENCY DEPARTMENT IN A REGIONAL HOSPITAL

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Purpose: This study is to explore the incidence and characteristics of pediatric patients who need urgent urological opinions in the emergency department.

Materials and Methods: A retrospective chart review study was performed. Documented consecutive urological consultations for the patients admitted to the emergency department of a rural regional teaching hospital were enrolled. Detailed clinical information was recorded using standardized form. We focused on the pediatric related issues.

Results: From September 1, 2012 to August 31, 2013, 1181 documented urological consultations were recorded. Total 84 sessions were urgent consultations from emergency department. Pediatric related problems were 3.5% (3/84). Among them, two were for penile prepuce injuries by dog-bite and zipper, and the other was for possible torsion of testis. Mean age was 9.3 years (8 to 10 years). No instant mortality was noted.

Conclusion: Only a few cases of pediatric urological consultation imply that most cases could be handled by the emergency department physicians. Trauma and equivocal testicular urgent problems are the major reasons of urological consultation. Further investigation is needed to confirm the findings.

NDP110:

VESCOURETERAL REFLEX (VUR) TREATED WITH SUBURETERIC DEFLUX INJECTION OF DEFLUX : 5 YEARS EXPERIENCE IN CATHAY GENERAL HOSPITAL

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Purpose: Vesoureteral Reflex (VUR) is one of the most common congenital urological disease and can lead to hydronephrosis and renal function impairment. VUR in children has been treated with subureteric deflux injection of Deflux (dextranomer hyaluronic acid copolymer) since 2009. The aim of this study was to analyze the results of endoscopic treatment of VUR in our hospital during the last 5 years.

Materials and Methods: We reviewed the medical records of patients with VUR in our hospital. The perioperative data and post-operative results were collect in this study.

Results: Between July 2009 and Sep 2014, 12 patient (10 children and 2 adults) underwent endoscopic subureteral injection of Deflux in 13 ureters. Three months postoperatively voiding cystourethrogram (VCUG) was performed.

The study included 12 patients (5 females and 7 males) with 13 refluxing ureters. All patients were treated, from the age 1 years old up to 43 years old. The mean age of patients was 10.7 years old (mean age of children was 5.8 years old). There has been no complications, but with few recurrences. In 1 patients (16.6%), endoscopic treatment with deflux was done twice, while in 1 patients (8.5%), the endoscopic treatment with deflux was performed three times, because of recurrence.

Conclusion: We recommend the use of endoscopic Deflux injection as first line treatment for children with VUR. Endoscopic subureteral injection of Deflux is a minimally invasive method for VUR treatment in pediatric patients and is associated with low morbidity.

Renal transplantation

NDP111:

RARE CASE REPORT-SYNCHRONOUS RENAL CELL CARCINOMA AND RENAL PELVIS UROTHELIAL CARCINOMA IN A POST KIDNEY TRANSPLANTATION YOUNG MALE

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Post kidney transplantation malignancy was an important issue among recipients. Among previous report of Taiwan data, urothelial tumor was the most common followed by liver cancer and colorectal cancer and breast cancer. We would like to present a 29 years old young man suffered from BK virus nephropathy, and received kidney transplant from his mother. Synchronous renal cell carcinoma over left kidney and infiltrative urothelial carcinoma of right renal pelvis was found after pain less gross hematuria. The clinical presentation, image study and our special low-midline one incision bilateral native nephroureterectomy will be presented with literature review.

NDP112:

LONG-TERM OUTCOMES OF KIDNEY TRANSPLANTATION FROM STANDARD CRITERIA DONORS WITH ACUTE KIDNEY INJURY

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Purpose: Abnormal terminal serum creatinine of donors had been reported as the second frequent causes of kidney refusal. More and more studies have shown a comparable outcome of kidney transplantation from deceased donors with acute kidney injury (AKI) in the first year. However, no long-term outcome of these graft kidney is reported.

Materials and Methods: We retrospectively reviewed 84 consecutive kidney transplants from 57 standard criteria donors. All recipients were classified into two groups according to donor serum creatinine before kidney procurement. The donor and recipient characteristics and graft outcomes were compared.

Results: Out of 84 kidney transplants, 56 recipients were in Non-AKI group, and 28 recipients were in AKI group. The mean terminal creatinine were 1.09 and 2.62 mg/dL in Non-AKI and AKI groups, respectively. The short-term graft outcomes, including primary non-function rate, delayed graft function rate, and acute rejection rate was compatible. The long-term renal function, graft survival and overall survival over the first 7 years had no statistic difference.

Conclusion: Our study reveals AKI before procurement had compatible long-term graft outcomes. The results expand donor pools and encourage transplant centers to use these marginal donors.

Other

NDP113:

TREND OF LIFE EXPECTANCY OF PATIENTS FOR RADICAL PROSTATECTOMY OF PROSTATE CANCER IN TAIWAN—2014 UPDATE

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Purpose: Life expectancy of the patients receiving radical prostatectomy in localized prostate cancer is 10 years or more, based on the clinical consensus of prostate cancer diagnosis and management by Taiwan Cooperation Oncology Group (TCOG, 2010). This study is to review the trend of life expectancy of male population in Taiwan region for the reference in clinical practice.

Materials and Methods: Up to March 2015, Life expectancy reports by the service of the Department of Statistics, Ministry of the Interior (MOI) of Taiwan were reviewed. The printed practice guidelines for prostate cancer by TCOG and National Comprehensive Cancer Network (NCCN) were reviewed. Investigate the trend of life expectancy of the male population in Taiwan region which includes Taipei city, Kaohsiung city but no Fukien special areas.

Results: From 1991 to 2013 life table by Taiwanese MOI were available. Average 5-year survival rate of prostate cancer is around 77% mentioned by TCOG. When the patient's life expectancy is less than 5 years, no further workup or treatment is suggested except for some high risky patients by NCCN. Radical prostatectomy is considered when the patients with a life expectancy of 10 years or more and no serious co-morbid conditions that would contraindicate an elective surgery by NCCN in 2014. From 1991 to 2012, the male life expectancy at birth in Taiwan was from 71.8 up to 76.4 years. The report of life expectancy more than 10 years from MOI showed at the age of 71 years in 1991, 72 years from 1992 to 1995, 74 years in 1996, 75 years from 1997 to 1999, 76 years from 2001 to 2005, 77 years in 2006 to 2007. In 2012, the male life expectancy at the age of 77 and 78 years were 10.13 and 9.62 years, respectively. In 2013, the male life expectancy at the age of 77 and 78 years were 10.41 and 9.88 years.

Conclusion: In this timely updating study, 77 years of age is the upper limit for the patients with localized prostate cancer considering to undergo radical prostatectomy in Taiwan region. Further research with longer follow-up is needed to clarify the relationship.

NDP114:

SERUM CREATININE FOR DIFFERENTIATING TRAUMATIC INTRAPERITONEAL AND EXTRAPERITONEAL BLADDER PERFORATION

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Purpose: Intraperitoneal bladder rupture is usually associated with blunt abdominal trauma and involves the dome of the bladder in contrast to extraperitoneal rupture, which is usually associated with pelvic fractures and is located in the lateral walls. Biochemical features of renal failure following intraperitoneal rupture of the urinary bladder are well elucidated and result mainly from the peritoneal diffusion of various solutes excreted in the urine toward the concentration gradient (also termed as reverse autodialysis). The longer the time to presentation, the more severe will be the biochemical abnormalities. A retrospective clinical study was performed to find out whether serum biochemistry alterations may serve to differentiate the traumatic bladder perforation to be either intraperitoneal or extraperitoneal.

Materials and Methods: 12 patient treated for traumatic bladder perforation between 2005 and 2012 who had baseline creatinine data before trauma were included in this study group. Patients were divided into two groups: intraperitoneal bladder perforation (IBP) and extraperitoneal bladder perforation (EBP) groups. The groups were compared with regard to age, mechanism of injury at presentation. This two groups were compared with each other with respect to serum concentrations of urea, creatinine.

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